

CLAIMS ONLY						Application Number <u>10/849504</u>	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3		/					53			
4		/					54			
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7		/					57			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	/						Total Indep			
Total Depend	/						Total Depend			
Total Claims	12						Total Claims			